

197223
(FORM 1)

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

WAVE MOBILITY, LLC

APPLYING FOR CLASS C COPY

NON-EMERGENCY

Posted: ted

Dept: N/A

Date: 2/6/09

Time: 10:00

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-57-T

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by: WAVE MOBILITY, LLC

Address: 8041 BOX COURT

MURBELL INLET, SC 29576

P.O. Box 3901 N. Kings Hwy, Myrtle Beach, SC

Telephone: 843-503-8663

Fax: 843-215-8993

Other:

Email: KENTJMM2002@YAHOO.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers
as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must
be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency | <input checked="" type="checkbox"/> Request TO EXPEDITE APP. |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of
Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)
(Office # 803-896-5100) (Fax # - 803-896-5199)

CLASS C - NON-EMERGENCYDATE 2-5, 2009

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

WAVE MOBILITY, LLC

2. (a) Street Address of Applicant

3901 N. KINGS HWYMYRTLE BEACH, SC 29577

- (b) Mailing address, if different from street address

8041 BOX COURTMURRELLS INLET, SC 29576

- (c) Telephone Number 843-503-8663 Fed. ID # _____

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.
- _____
- _____

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

SC PUBLIC SERVICE
COMMISSION

2009 FEB -5 AM 10:52

RECEIVED



7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:
Month: FEBRUARY Year: 2009

Assets:	
Cash	\$1,500. ⁰⁰
Receivables	
Real Estate	
Buildings and Equipment-Net	\$1,000. ⁰⁰
Motor Vehicles-Net	\$20,000. ⁰⁰
Garage Equipment-Net	\$500. ⁰⁰
Machinery and Tools-Net	
Supplies on Hand	\$75. ⁰⁰
Prepays and Other Assets	
Total Assets	\$23,075.⁰⁰
Liabilities and Equity:	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	\$23,075.⁰⁰
Total Liabilities and Equity	\$23,075.⁰⁰

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA, }

COUNTY OF Horry }

I, KENNETH E. MACDONALD
(Name of Applicant's Representative)

PRES. WAVE MOBILITY, LLC
(Title)

of _____, the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At MURRAY LAWThis the 5 day of February 2009

(Notary Public)

(Signature of Applicant's Representative)

Commission Expires: 3-7-15

**STATE OF SOUTH CAROLINA
SECRETARY OF STATE**

**ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY**

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is Wave Mobility, LLC
2. The address of the initial designated office of the Limited Liability Company in South Carolina is

8041 Box Court

Street Address

Murrells Inlet

City

29576

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

Kenneth E. MacDonald, III

Name


Signature

and the street address in South Carolina for this initial agent for service of process is

3901 N. Kings Highway

Street Address

Myrtle Beach

City

29577

Zip Code

4. The name and address of each organizer is

(a) Kenneth E. MacDonald, III

Name

8041 Box Court

Street Address

Murrells Inlet

City

South Carolina

State

29576

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

Wave Mobility, LLCName of Limited Liability Company

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a)

Name

Street Address

City

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(c)

Name

Street Address

City

State

Zip Code

(d)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

Wave Mobility, LLC

Name of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer
- (Add Additional lines if necessary)
- Date 1/27/09

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

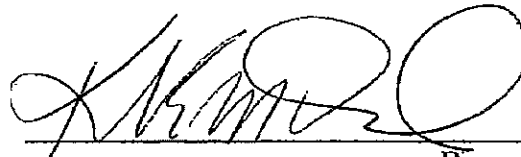
Columbia, South Carolina

Applicant WAVE MOBILITY, LLC

For the transportation of passengers as follows:

Area to be served: MYRTLE BEACH, CONWAYHorry County - Georgetown CountyNumber of passengers: BUS 1 2 w/c, 10 AMB // BUS 2 3 w/c, 4 AMB MAX PER TRIPFares: \$5.00 // MILE

(12)

Date 2-5-09
ByPRESIDENT
Title

Rev. 8/00

EXHIBIT D

**STATE OF SOUTH CAROLINA
PUBLIC SERVICE COMMISSION**

DESCRIPTION OF EQUIPMENT

[illegible]

* Seats if passenger carrier or tonnage if freight carrier.

* Designate if equipped with wheelchair lift

Date: 2-5-09

WAVE MOBILITY, LLC
(Applicant)

(Applicant)

(Applicant's Representative)

PRESIDENT
(Title)

EXHIBIT FWAMAILING: 8041 BOX C1
MURRELLS INLET
SC 295Name: WAVE MOBILITY, LLCAddress: 3901 N. KINGS HWY MYRTLE BEACH, SC 29577Telephone No. 843-503-8663 Fax No. 843-215-8993

U.S.D.O.T. No. _____

ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgement(s) against Applicant?

Yes _____ No ✓

(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)



(Applicant's Signature)

Sworn to before me

At MURRAY LAWThis 5 day of Feb., 20 09K. B.
(Notary Public)Commission Expires: 3-7-15

INSURANCE QUOTE

The following insurance quote is for:

WAVE MOBILITY, LLC

(Name of Motor Carrier)

(Address of Motor Carrier)

***Note:** Bodily injury and property damage limits will not be less than the following:

- a. Liability Combined Each Occurrence \$1,000,000
b. Medical Payments/Each Person \$1,000

Amount of Premium:

Liability Insurance _____

The above quoted premiums are for a term of _____ months.

(Insurance Company Name)

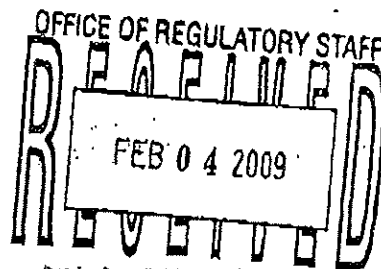
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Date

(Authorized Insurance Company Representative)

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE



Filed with South Carolina Department of Motor Vehicles
(Name of Agency)

This is to certify that the Discover Property & Casualty Insurance Company
(Name of Company)
(herein after called Company) of 385 Washington Street, St. Paul, MN, 55102
(Home Address of Company)

has issued to WAVE MOBILITY LLC of 8041 BOX CT, MURRELLS INLET, SC, 29576
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 02/02/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein; which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Discover, Inc.
5 Batterson Park Road
Countersigned at Farmington

(Address)

CT. 06032

This 03rd day of Feb 20 09
(Day) (Month) (Year)

Insurance Company File No. D259P00656

(Policy No.)

Arthur W. [Signature]
(Authorized Company Representative)

Underlying Limit :0.00

Liability Limit :1,000,000.00